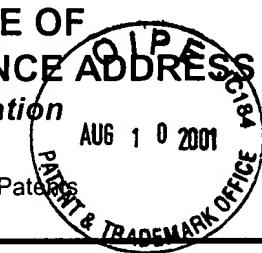


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Address to:  
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Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

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Please change the Correspondence Address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert B. Polit				
Address	Polit & Associates, LLC				
Address	3333 Warrenville Road, Suite 520				
City	Lisle	State	IL	ZIP	60532
Country					
Telephone	(630) 505-1460	Fax	(630) 505-1464		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

Typed or Printed Name      Robert B. Polit

Signature

Date

8/8/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.